

<i>SERFF Tracking Number:</i>	<i>AMLC-126967254</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Globe Life and Accident Insurance Company</i>	<i>State Tracking Number:</i>	<i>47615</i>
<i>Company Tracking Number:</i>	<i>HN21(03)</i>		
<i>TOI:</i>	<i>L07G Group Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07G.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Group Whole Life</i>		
<i>Project Name/Number:</i>	<i>Enrollment Form/HN21(03)</i>		

Filing at a Glance

Company: Globe Life and Accident Insurance Company

Product Name: Group Whole Life

SERFF Tr Num: AMLC-126967254 State: Arkansas

TOI: L07G Group Life - Whole

SERFF Status: Closed-Approved-
Closed

Sub-TOI: L07G.101 Fixed/Indeterminate
Premium - Single Life

Co Tr Num: HN21(03)

State Status: Approved-Closed

Filing Type: Form

Author: Diane Breeding

Reviewer(s): Linda Bird

Date Submitted: 12/30/2010

Disposition Date: 01/11/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Enrollment Form

Status of Filing in Domicile: Not Filed

Project Number: HN21(03)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Domicile State
Nebraska

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 01/11/2011

State Status Changed: 01/11/2011

Deemer Date:

Created By: Diane Breeding

Submitted By: Diane Breeding

Corresponding Filing Tracking Number:

Filing Description:

NAIC: 290-91472

FEIN: 63-0782739

RE: Group Whole Life Enrollment Form HN21(03)

NAIC Transmittal

Filing Fee: \$25.00

Attached for your review and approval is one (1) laser print copy of the above mentioned enrollment form which is being

SERFF Tracking Number: AMLC-126967254 State: Arkansas
 Filing Company: Globe Life and Accident Insurance Company State Tracking Number: 47615
 Company Tracking Number: HN21(03)
 TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Group Whole Life
 Project Name/Number: Enrollment Form/HN21(03)

submitted for use with our Group Whole Life portfolio.

The enrollment form does not contain any unusual or unorthodox provisions or wording. The enrollment form is being filed states where the company is authorized to do business.

I hereby certify that I have carefully reviewed the attached enrollment form and to the best of my knowledge and ability find:

1. The enrollment form conforms to all insurance statutes and department requirements of your jurisdiction.
2. The enrollment form contains no provisions previously disapproved by your department.

Your early review and approval of this submission will be greatly appreciated. If you have any questions, please feel free to call (972) 569-3295 Collect, or e-mail me at dbreeding@torchmarkcorp.com

Company and Contact

Filing Contact Information

Diane Breeding, Assistant Analyst dbreeding@torchmarkcorp.com
 3700 S. Stonebridge Drive 972-569-3295 [Phone]
 McKinney, TX 75070 972-569-3728 [FAX]

Filing Company Information

Globe Life and Accident Insurance Company	CoCode: 91472	State of Domicile: Nebraska
204 North Robinson Avenue	Group Code: 290	Company Type: Life and Health
Oklahoma City, OK 73102	Group Name: Liberty National	State ID Number:
(405) 270-1400 ext. [Phone]	FEIN Number: 63-0782739	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Your filing fee.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Globe Life and Accident Insurance Company	\$50.00	12/30/2010	43321161

SERFF Tracking Number:	AMLC-126967254	State:	Arkansas
Filing Company:	Globe Life and Accident Insurance Company	State Tracking Number:	47615
Company Tracking Number:	HN21(03)		
TOI:	L07G Group Life - Whole	Sub-TOI:	L07G.101 Fixed/Indeterminate Premium - Single Life
Product Name:	Group Whole Life		
Project Name/Number:	Enrollment Form/HN21(03)		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/11/2011	01/11/2011

<i>SERFF Tracking Number:</i>	<i>AMLC-126967254</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Globe Life and Accident Insurance Company</i>	<i>State Tracking Number:</i>	<i>47615</i>
<i>Company Tracking Number:</i>	<i>HN21(03)</i>		
<i>TOI:</i>	<i>L07G Group Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07G.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Group Whole Life</i>		
<i>Project Name/Number:</i>	<i>Enrollment Form/HN21(03)</i>		

Disposition

Disposition Date: 01/11/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AMLC-126967254</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Globe Life and Accident Insurance Company</i>	<i>State Tracking Number:</i>	<i>47615</i>
<i>Company Tracking Number:</i>	<i>HN21(03)</i>		
<i>TOI:</i>	<i>L07G Group Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07G.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Group Whole Life</i>		
<i>Project Name/Number:</i>	<i>Enrollment Form/HN21(03)</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	NAIC Transmittal		Yes
Form	Enrollment Form		Yes

SERFF Tracking Number:	AMLC-126967254	State:	Arkansas
Filing Company:	Globe Life and Accident Insurance Company	State Tracking Number:	47615
Company Tracking Number:	HN21(03)		
TOI:	L07G Group Life - Whole	Sub-TOI:	L07G.101 Fixed/Indeterminate Premium - Single Life
Product Name:	Group Whole Life		
Project Name/Number:	Enrollment Form/HN21(03)		

Form Schedule

Lead Form Number: HN21(03)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	HN21(03)	Application/ Enrollment Form Enrollment Form	Initial		47.540	HN21 (03).pdf

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY • GLOBE LIFE CENTER • OKLAHOMA CITY, OKLAHOMA 73184
ENROLLMENT FOR LIFE INSURANCE

1. Proposed Insureds: (List Children Age 25 And Under To Be Insured)

	(Please Print)			Date of Birth (Required) mm/dd/yy	Male or Female	Face Amount (Check One)
	First Name	Middle Initial	Last Name			
Child 1						<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000
Child 2						<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000
Child 3						<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000
Child 4						<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000

BY LAW, ANY PROPOSED INSURED AGE 18 OR OLDER MUST SIGN IN THE BOX BELOW

I consent to this application for insurance on my life:

Child 1: _____ Child 3: _____
 Child 2: _____ Child 4: _____

2. Mail Certificate and Premium Notice To:

Name _____
 Address _____ Apt. _____
 City _____ State _____ Zip _____
 Telephone (____) _____ E-mail Address _____
(Telephone and E-mail Address for Customer Service Use Only)

3. Beneficiary: Unless otherwise requested, the Applicant shall be the beneficiary.

4. To the best of your knowledge and belief:

- (a) Within the past 3 years, have any of the Proposed Insured(s) had any chronic illness or condition which requires periodic medical care?..... Yes ☐ No ☐
- (b) Have any of the Proposed Insured(s) ever been medically diagnosed or treated by a Physician for Acquired Immune Deficiency Syndrome (AIDS)?..... Yes ☐ No ☐
- Please list child and condition that caused yes answers to the questions above.

5. Will you replace or change any of your Life Insurance policies or annuity contracts in connection with this application?..... Yes ☐ No ☐

If yes, list company name: _____

I AM ENCLOSING THE INITIAL PREMIUM FOR EACH PROPOSED INSURED AND UNDERSTAND THAT THE INSURANCE APPLIED FOR WILL BECOME EFFECTIVE ON THE DATE THIS ENROLLMENT IS APPROVED IN THE HOME OFFICE OF GLOBE LIFE AND ACCIDENT INSURANCE COMPANY. Should any Proposed Insured be declined, the amount paid for said individual will be refunded.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime punishable by fine or imprisonment.

Relationship to Proposed Insured _____
(Please Print)

Signature  _____ Date _____
HN21 (03) Applicant

SERFF Tracking Number:	AMLC-126967254	State:	Arkansas
Filing Company:	Globe Life and Accident Insurance Company	State Tracking Number:	47615
Company Tracking Number:	HN21(03)		
TOI:	L07G Group Life - Whole	Sub-TOI:	L07G.101 Fixed/Indeterminate Premium - Single Life
Product Name:	Group Whole Life		
Project Name/Number:	Enrollment Form/HN21(03)		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment:		
AR HN21(03) READABILITY.pdf		

	Item Status:	Status Date:
Satisfied - Item: NAIC Transmittal		
Comments:		
Attachment:		
AR HN21(03) NAIC Transmittal.pdf		

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY
OKLAHOMA CITY, OKLAHOMA

READABILITY CERTIFICATION

We hereby certify we have carefully reviewed the form(s) listed below and to the best of our knowledge and ability determine the Flesch scale analysis readability test score to be as shown:

<u>FORM</u>	<u>SCORE</u>
ENROLLMENT FORM – HN21(03)	47.54

December 30, 2010

Date



Michael J. Gaisbauer, Vice President

FORM S-1351

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	ARKANSAS					
-----------	----------------------------------	-----------------	--	--	--	--	--

2.	Department Use Only						
	State Tracking ID						

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Globe Life & Accident Ins. Co. P.O. Box 2440 McKinney, TX 75070	Nebraska	Life & Health	290	91472	63-0782739	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Diane M. Breeding	(972) 569-3295	(972) 569-3728	dbreeding@torchmarkcorp.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
-----------	------------------------------	--	--	--	--	--	--

6.	Company Tracking Number	HN21(03)				
-----------	--------------------------------	-----------------	--	--	--	--

7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
-----------	--	-----------------------

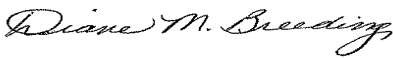
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div>
-----------	---------------	--

9.	Type of Insurance (TOI)	L07G				
-----------	--------------------------------	-------------	--	--	--	--

10.	Sub-Type of Insurance (Sub-TOI)	L07G.101				
------------	--	-----------------	--	--	--	--

11.	Submitted Documents	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input checked="" type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other </div> <div style="margin-top: 10px;"> <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </div> <div style="margin-top: 10px;"> <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div style="margin-top: 10px;"> <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div> </div>				
------------	----------------------------	--	--	--	--	--

12.	Filing Submission Date	December 30, 2010	
13	Filing Fee (If required)	Amount <u>\$25.00</u>	Check Date <u>12-30-10</u>
		Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number <u>EFT</u>
14.	Date of Domiciliary Approval	Not Filed	
15.	Filing Description:		
	<p>NAIC: 290-91472 FEIN: 63-0782739 RE: Group Whole Life Enrollment Form HN21(03) NAIC Transmittal Filing Fee: \$25.00</p> <p>Attached for your review and approval is one (1) laser print copy of the above mentioned enrollment form which is being submitted for use with our Group Whole Life portfolio.</p> <p>The enrollment form does not contain any unusual or unorthodox provisions or wording. The enrollment form is being filed states where the company is authorized to do business.</p> <p>I hereby certify that I have carefully reviewed the attached enrollment form and to the best of my knowledge and ability find:</p> <ol style="list-style-type: none"> 1. The enrollment form conforms to all insurance statutes and department requirements of your jurisdiction. 2. The enrollment form contains no provisions previously disapproved by your department. <p>Your early review and approval of this submission will be greatly appreciated. If you have any questions, please feel free to call (972) 569-3295 Collect, or e-mail me at <u>dbreeding@torchmarkcorp.com</u>.</p>		

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>ARKANSAS</u>.</p> <p>Print Name <u>Diane M. Breeding</u> Title <u>Analyst</u></p> <p>Signature <u></u> Date: <u>December 30, 2010</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		HN21(03)
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Group Whole Life	HN21(03)	<input checked="" type="checkbox"/> Initial	N/A
	Enrollment Form		<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	

LH FFA-1